## City of San Jose Healthy Neighborhoods Lifestyle Survey Parent Satisfaction - FY 2009-10

Agency Name—Program Identification (Opt.)

Please fill out the following survey about the impact of the Agency Name—Program Identification (Opt.) program on your child. Your input will help us continue to assist other youth. Please take a few minutes and answer the following questions.

Ple	ease fill in your child's birth	date: Mont	h	Day	Year	Today'	s Date:		
Ple	ease give us the first and last	initials of your	child's	name: Fir	st Initial	Last In	itial		
Pl	ease put an X in the box th	at best describ	es your	opinion o	f this progra	am.			
1. I think that the program and activity my child participated in was:  Poor  Fair  Good							eat		
2.	How much did your ch	nild benefit fron	n this pr	ogram and	its activities  A lot	s:			
3.	How much did the peo	ople who ran the	progra	m care abo	out your child	1?			
4.	Do you think this prog	gram would help  Maybe	anothe	er family's	child?				
Pl	ease put an X in the box th	at best describ	es your	child's he	alth today,	mental and	physical:		
5.		In X in the box that best describes your child's health today, mental and physical: child's health overall is:							
Ma sta: che	Poor Fark the box to the right that off each question by saying the right that characters of the right that the saying the right that the say in the say i	ir G  t best describes ing, "Because o	s how yo	ou feel. Borogram	e sure to " (Place a	<u>Better</u>	Worse	The Same	Don't Know
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Mark the box to the right that best describes how you feel. Be sure to start off each question by saying, "Because of this program" (Place a check or X in the box.)	<u>Better</u>	Worse	The Same	Don't Know